

## MANCHESTER CITY COUNCIL SCRUTINY COMMITTEE MEETINGS NOVEMBER 2015

I attended MCC's Finance and Health Scrutiny Committee on 26<sup>th</sup> November. As usual, I'm happy for material in my report to be forwarded to other interested parties, with the proviso that it's my interpretation of events and details may not necessarily be completely accurate.

The **FINANCE SCRUTINY COMMITTEE (FSC)** was chaired by Cllr Carl Ollerhead, with City Treasurer Richard Paver alongside him. Also present were Executive members Cllrs Flanagan (Finance and HR) and Andrews (Adult Health and Wellbeing) and Cllr Craig (chair of the health scrutiny committee). It was not particularly well chaired or attended by members. There was only one other member of the public attending in person besides me, and they left part way through.

### Item 5. **Better Care Fund.**

Simon Finch, the interim Head of Finance for Children and Families (on secondment from Stockport MBC) introduced the report, which I found very dense and almost non-understandable. This was also the assessment of some members, with Cllr Davies opening the questions by asking for an explanation of the report in 2 minutes to a lay person! Mr Finch failed to provide this, and questions continued on the financial figures contained in the report, such as how much of the budget is new money, how much of the new money is permanent and how much is temporary (no sensible answer), and what the reserves shown in Table 4.4 actually mean. Cllr Davis asked about failure to hit targets on non-elective surgery (item 5.4 and 7.3) and whether Manchester is typical or worse than other areas - apparently comparative data is not available yet. Cllr Andrews stepped in to declare 'we are on a journey' to achieving targets. Cllr Collins asked about the issue of transparency on audits (section 2.9) and was assured that the Health and Wellbeing Board looks at both financial and performance monitoring for the scheme. There was also some discussion of the list of approved schemes for the programme shown in appendix 2 of the report. This apparently showed many more schemes in Central and North Manchester CCGs than South Manchester, which caused Cllrs Ollerhead and Hassan some concern. Mr Finch undertook to clarify the scheme list and finance figures allocated to each scheme. Cllr Andrews confirmed that area CCGs are leads in those areas, but it does not necessarily reflect where the money is spent. Cllr Craig said she did not think the 'lead' issue applied in some areas e.g. district nursing.

Cllr Ollershaw concluded by pointing out that the Committee is concerned with finance, not health, and that he and other members were concerned that the report does not read well, partly due to the plethora of acronyms they do not understand, the lack of breakdown in the financial figures and inadequate detail. Apparently next month's Health scrutiny committee will revisit this report and Cllr Craig invited Finance committee members to attend this meeting.

Cllr Craig left the meeting after this item and Cllr Reid (ex Childrens scrutiny committee chair) joined the table.

### Item 6. **Free School Meals.**

Mr Finch (see item 5 above) introduced this report, which was to provide information for members on the impact of free school meals for primary age pupils on schools budgets. Again much of the report was impenetrable in my view, but from questions and answers it appears that a seconded civil servant has been tasked with looking at the issues at 10 schools where the decline in the proportion of school population receiving PPG (the pupil premium grant) has been greatest, and

the reasons for this. There was some discussion on why parents may not apply for free school meals (they have to do this under the system). At this point Cllr Reid attempted to take over the agenda, raising issues such as ethnic groups not applying, the issue of academies, and whether child poverty in Manchester is going down or up. There was an exchange of views between Cllr Reid and the Chair, who was keen to keep the focus on finance. An officer said that there was a high awareness of the issue in schools and it was in the schools' interest to get pupils to take free school meals as it affects their (Ofsted?) assessment. Cllr Flanagan flagged up the issues of allergies, diets, perceptions of 'charity', and 'stigma' in BME groups as barriers to the take up of free school meals. By this time the chair had allowed the discussion to get sidelined well away from finance. Cllr Reid asked where the 10 schools being assessed were located, as she was keen to see if any were in her ward. This information was not forthcoming from officers, who said the aim is to learn from those 10 schools to extend the scheme. Other information coming out of the discussion is that there is a split on how free school meals are provided. Some schools have their own kitchen for meal preparation, but for those without, meals are delivered by a company called Manchester Fayre.

The Chair concluded the discussion, saying the issue should go to the Childrens' scrutiny committee. Mr Finch offered to provide more details for the Childrens' committee. Cllr Reid left the table at the end of this item.

#### **Item 7. Claims for Compensation.**

Head of Internal Audit and Risk Management Tom Powell presented this comprehensive and concise (hooray!) report. Section 3 of the report set out policies and section 4 set out processes. It was noted that 75% of claims relate to highways issues. The discussion started with Cllr Collins asking for information on unfair dismissal claims. Mr Powell told her that last year there were 24 claims in process – 4 unfair dismissals and 20 claims for discrimination (about half of which involved disability discrimination - DD). This year there had been 13 - 1 unfair dismissal and 12 discrimination, again with disability the largest category. Cllr Connolly (?) asked for a comparison with other council areas. Mr Powell responded that a detailed analysis had not been done, but the officers involved work for both Manchester and Salford councils, which both present a similar picture. He added that the average payout was less than the national average, being 30% lower on DD claims. Claims have fallen but the amount of advice work to HR colleagues has increased. In officers' personal experience, the Council has a higher proportion of discrimination claims than the private sector. Cllr Flanagan was concerned that there are still discrimination claims coming forward when the Council has all the right policies in place. He asked if the problem was due to policies or managers or resistance to claims etc. An officer pointed out that they put a lot of work into support for Council employees, including awareness of other employees, but there is an element of reasonableness in adaptations for particular employees, where the Council's and employee's assessment of reasonableness may not align. Cllr Davies asked about changing behaviour within the Council, and how quickly the Council addresses issues raised by claims e.g. trips on faulty pavements. An officer described the current procedures and pointed out there is liaison with other LAs to address the issue of 'serial claimants'. Cllr Flanagan said the claims for vehicles affected by potholes are fairly low, and personal injury claims from trip hazards is of more concern. He acknowledged that the budget to repair potholes had been cut. Mr Powell went on to describe how the introduction of a 'Claims Portal' had cut solicitors costs (Table 3 in the report) by a third.

### **Item 8. Overview Report.**

Cllr Lanchbury opened this item by expressing concern that it had been 8 months since the top two items in the 'Monitoring Previous Recommendations' table (S106 agreements and the community interest levy) had been presented and report backs promised. An officer responded, saying that the 2 reports had been received, but had not yet been cleared for circulation (!?).

On the IT issues, the Chair asked if all IT positions were now filled so that the committee can visit the department. Cllr Flanagan said the department is still short of staff for 40 positions and the overspend on budget is reducing remarkably quickly because of this. He undertook to provide an update report for the January Finance scrutiny meeting.

The Chair mentioned disposal of Council land with respect to an announcement in the Comprehensive Spending Review yesterday by Chancellor George Osborne. Mr Paver said they had received no firm information yet on the impact on the Council, but he was personally not keen on selling property etc to prop up the revenue budget. Cllr Lanchbury asked if the Council knows all the land it owns. Cllr Flanagan confirmed this is the case now that property information has been transferred onto a computer database.

### **The meeting closed at 1152hrs.**

The **HEALTH SCRUTINY COMMITTEE** was well chaired as usual by Cllr Bev Craig and well attended by members. Cllr Andrews, Executive member for Adult Health and Wellbeing, attended for item 7.

### **Item 5. Carers Consultation – Paper 1.**

Nathan Atkinson, Interim Head of Commissioning introduced the report, which sets out the method and results of a recent consultation on issues affecting carers. The purpose was to look at how the current carers strategy is working and to identify future options. A non-council person, Dave Williamson, Chief Officer of the Manchester Carers Forum, supported the report as accurately reflecting the views of carers. Cllr Newman opened the questions from members. He and Cllr Hitchen were concerned about young carers and those who don't consider themselves carers and how the survey reached these 'hidden' carers. Nicola Rae, Strategic Lead Commissioner, explained how the consultation had tried to reach hidden carers, via social media etc. Cllr O'Neil raised the issue of respite care. Mr Williamson agreed with Cllr O'Neil's comments and said that he thought respite had gone slightly backwards. Cllr Hitchen noted there was no information in the report on the age profile of carers – officers were unable to provide this. There were also a couple of questions off the subject. DV – the report also includes the questions asked in the survey and pie charts showing carers' responses, and demographic information (total size over 60 pages).

### **Item 6. Carers Redesign.**

Mr Atkinson also introduced this report, which set out an action plan and redesign of carers services across the city in response to the results of the consultation. This had been compiled in conjunction with stakeholders i.e. carers and support groups. Cllr Webb noted point 2.6, which mentioned the variation of coverage of carers support groups. Cllr Hitchen asked if there were any links with leisure for carers and the cared for and Cllr O'Neil gave those present the benefit of his opinions as an amateur social worker.

#### **Item 7. Clinical Service Transformation Update.**

This item concerned Pennine Acute Hospitals Trust (which includes North Manchester General, Bury, Rochdale and Oldham hospitals) plans to make alterations to their clinical services. This was stated as necessary to ensure the Trust's clinical and financial sustainability by 2019/20 but it was clear from the off that members were considerably concerned about the actual impact on patients living in North Manchester wards having to travel to Oldham for certain services. The report was presented by Dr Roger Pridham, Deputy Medical Director of the Trust and Hugh Mullen, Trust Director of Operations. Some of the Councillors had visited the North Manchester hospital last week and had been impressed with the A and E department and the intermediate care ward. In response to the councillors' concerns, Messrs Pridham and Mullen attempted to explain that general services will be retained at N.Manchester, with some specialist services re-located elsewhere e.g. Oldham. Cllr O'Neil was concerned that there will be no important general surgery at N Mcr under the 'Healthier Together' plans, by which emergency general surgery goes down to 4 hospitals in GM (DV – see discussions re Wythenshawe hospital in a previous health scrutiny committee meeting). Cllr Davies was very concerned that the proposals seem to be different from what she understood from previous meetings and said that the report is unclear on these issues. The Trust reps responded that emergency surgery, either immediate or within 24 hours, will be done in Oldham by specialist teams. No decision had been made re trauma orthopaedic procedures. Clinicians favour a split between elective, e.g. hip replacement, and non-elective orthopaedic surgery. There were several other questions from councillors concerned about seemingly changing plans. (DV – this is quite amusing when it is happening to councillors as normally they do the same to citizens after 'consultations'. You would also think that the councillors have experienced a similar situation in the past, for example with the 'downgrading' of Withington hospital). Dr Pridham noted that orthopaedics and other surgeries will become more 'day case' options due to changes in clinical practice e.g. knee replacement. Cllr Newman was of the opinion the changes were more about financial issues than patient care. There was a curious exchange between Cllr O'Neil and Dr Pridham about treatment of a patient with a stomach embolism, who might die between A and E at N.Mcr and emergency operation at Oldham. Dr Pridham respectfully suggested he meant aneurism and that such a condition was likely to prove fatal before the patient could get to A and E.

Overall several of the councillors were not happy with the answers, or lack of answers, they received. The chair referred to part 3 of the report – engagement. She asked if plans are afoot, they need to come back to the committee, with CCG representatives as well.

#### **Item 7. Care Quality Commission (CQC) outcome Report – Manchester Mental Health and Social Care Trust.**

This very short report was introduced by Michele Moran, Chief Executive of the Trust. She reported that 75 (!) inspectors from the CQC inspected the Trust in March 2015. They issued no enforcement notices, just improvement recommendations. To put the result into context she added that, in England, about 28 MH Trusts have been inspected, of which 2 were rated 'good', 2 'unsatisfactory' and the rest 'requiring improvement'. Anita Rolfe, Chief Nurse and Director of Quality Assurance at the Trust, explained that an action plan had been drawn up to address the issues requiring improvement, the main themes of the plan including training of staff, clinical supervision and staff morale. The action plan is being overseen by a 'task and finish' group. Cllr Stone noted that he was disappointed there was no copy of the action plan included with the report – Ms Moran said it is available on the Trust's website (Cllr Hitchen had downloaded a copy

of the plan and brought it with her). Cllr Hitchen was particularly concerned with staff morale issues - Ms Moran replied that there is a new process in place to address this, including a 'pulse check' to gauge ongoing staff opinions. She said that the staff sickness level is now at 4.9%, the lowest it has ever been. Staff turnover is average compared to other equivalent NW MH Trusts. Cllr Hitchen suggested some of this improvement may be due to the closure of a ward which was having staffing problems. Cllr Newman expressed the view that one impact on staff morale may be uncertainty about the future of the Trust. Cllr Andrews chipped in about the future of the Trust – he said information will be made public but there is no timeline for this yet. There was some further discussion about the accessibility of the action plan on the Trust website. There are 46 action points, the action plan deadline is March 2016 when actions will be routinely audited.

**Item 8. Health and Wellbeing Update.**

Part 1 of the report was accepted without discussion. On part 2, it was noted that information about the junior doctors strike was correct at the time of writing, but details may now be incorrect.

On patient transport services, Cllr Newman reflected on the assurances given by Arriva when it took these over, which had proved to be worthless, partly due to anecdotal evidence from patients.

**Item 9. Overview Report.**

No discussion on this item.

Dick Venes, 8<sup>th</sup> December 2015.